



## Certification of Documents

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-24  
Internal Use

# United States of America

Department of Homeland Security  
U.S. Citizenship and Immigration Services

02/01/2023

Date (mm/dd/yyyy)

### Certification of Documents

(Originals or Copies thereof)

**BY VIRTUE OF** the authority vested in me by Title 8, Code of Federal Regulations, Part 103 of the Immigration and Nationality Act (INA), and Title IV, Subtitle E, Section 451 and Section 456 of the Homeland Security Act of 2002,

**I HEREBY CERTIFY** that the annexed documents are originals, or copies thereof, from the records of U.S. Citizenship and Immigration Service, Department of Homeland Security, which the Secretary is the legal custodian by virtue of Section 103 of the Immigration and Nationality Act. These documents relate to:

Subject: PHILOSSAINT, JOFF STENN WROY

Also known as (aka): Additional Names Provided in Account Data.

File and/or Certificate Number: IOE0908647692 (Primary), 42248202 (Certificate)

Number of Pages Copied: 1

(Signature of Authorized Person)

Jobernia Wyche-Francis, Supervisory immigration Services Assistant

(Print Name and Title of Authorized Person)

Hialeah Field Office (HIA)

(Office of Authorized Person)

#### Annotations

1. Copy of applicant's completed N-445

<b>For USCIS Use Only</b>	PRC Not Collected. Provide reason: <input type="checkbox"/> Card was lost, stolen, destroyed or mutilated. <input type="checkbox"/> Never received card. <input type="checkbox"/> Never issued a card (such as certain members of the U.S. Armed Forces and U.S. nationals). <input type="checkbox"/> Other: ECO.		Name of Applicant JOEL STEPHEN WROY PHILOSSAINT A-Number A208 075 457
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Answer the following questions on the day of your Naturalization Oath Ceremony. For more information, refer to Page 2 of this notice for detailed instructions.

1. Since your interview, have you married, or been widowed, separated or divorced?  Yes  No
2. Since your interview, have you traveled outside the United States?  Yes  No
3. Since your interview, have you committed any crime or offense, for which you have not been arrested?  Yes  No
4. Since your interview, have you been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, including traffic violations?  Yes  No
5. Since your interview, have you joined, become associated, or connected with any organization in any way, including the Communist Party, a totalitarian organization, or terrorist group?  Yes  No
6. Since your interview, have you deserted from, claimed exemption from, or been separated or discharged from military service?  Yes  No
7. Since your interview, has there been any change in your willingness to bear arms on behalf of the United States; to perform non-combatant service in the armed forces of the United States; or to perform work of national importance under civilian direction if the law requires it?  Yes  No
8. Since your interview, have you practiced polygamy, received income from illegal gambling, been involved in prostitution, helped anyone enter the United States illegally, trafficked controlled substances, given false testimony to obtain immigration benefits, or been a habitual drunkard?  Yes  No

I certify under penalty of perjury that each answer provided above was made by me or at my direction, that I reviewed and understand all of the questions and answers provided, and that each answer is true and correct as of the date of my Naturalization Oath Ceremony.

Signed at City and State

*Hialeah, Florida*

on (Date)

*6.1 - 09-2021*

Signature

*[Signature]*

Mailng Address: Street Number and Name

[REDACTED]

Apt.

Ste.

Flr.

Number

*201*

City or Town

*Miami*

State

ZIP Code

*Florida*

[REDACTED]

#### DHS Privacy Notice

**AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act (INA) sections 101(f), 313, 316, 332, 334, 335 and 336.

**PURPOSE:** The primary purpose for providing the requested information on this form is to determine if you have maintained good moral character and continued eligibility for naturalization from the date of your last interview until the naturalization ceremony. DHS uses the information you provide to assess your continuing eligibility for the immigration benefit you are seeking.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application for an immigration benefit.

**ROUTINE USES:** DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-001 - Alien File, Index, and National File Tracking System and DHS-USCIS-007 - Benefits Information System] and the published privacy impact assessments [DHS USCIS PIA-015 Computer Linked Application Information Management System 4 and DHS USCIS PIA-056 USCIS Electronic Immigration System] which you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

#### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 10 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the notice, preparing statements, attaching necessary documentation, and submitting the notice. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140; OMB No 1615-0054. Do not mail your completed Form N-445 to this address.